

<b>Case Number:</b>	CM15-0032368		
<b>Date Assigned:</b>	02/25/2015	<b>Date of Injury:</b>	05/29/2012
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old male, who sustained an industrial injury on 5/29/2012. He has reported injury to the lower back. The diagnoses have included chronic lumbar sprain/strain, degenerative disc disease, radiculitis, sciatic neuritis, thoracic strain/sprain, and chronic myalgia. He is status post discectomy L4-L5 and L5-S1, with interbody fusion 4/28/2003. Treatment to date has included medication therapy, physical therapy, an independent gym program, epidural steroid injections, Toradol injection, and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. Currently, the IW complains of headaches, upper back and lower back pain, and pain in the right hip. The physical examination from 1/23/15 documented swelling T1, and muscle atrophy found at right gluteus and left buttock. There was muscle tenderness upper thoracic through lumbar that included sacral areas. Positive trigger points were noted in several thoracic areas. Range of Motion (ROM) was significantly decreased, straight leg tests were positive bilaterally, as were Patrick Fabere, Bragard's, Squat and Valsalva tests. On 2/3/2015 Utilization Review non-certified Zanaflex 4mg #120, noting the medical records did not support rationale for utilization of the medication. The MTUS Guidelines were cited. On 2/20/2015, the injured worker submitted an application for IMR for review of Zanaflex 4mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Zanaflex 4mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 66; 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case developed continuous pain, does not have clear exacerbation of back pain and spasm and the prolonged use of Zanaflex is not justified. Furthermore, there is no clear evidence of chronic myofascial pain and spasm. Therefore, the request for Prospective request for 1 prescription of Zanaflex 4mg #120 is not medically necessary.